

Revised Master Crosswalk 08/18/2004

Edits	ESC	Virginia Medicaid EOB Description	HIPAA Adj Group Code	HIPAA Adj Reason Code	HIPAA Remark Codes 835/RA	Claim Status Code 277/DDE	NCPD Code
0001	0001	Provider Not Certified for Neonatal Services	CO	B7	N95	91	
0002	0002	The Reference Number is Invalid	OA	16	M58	421	85
0003	0003	Billing Provider ID Number Missing or Not in Valid Format.	OA	16	N77	132	05
0004	0004	Enrollee ID Number Missing or Not in Valid Format	OA	31	N30	153	07
0005	0005	Accident Indicator is Invalid	OA	16	M58	461	
0006	0006	Invalid Patient Account Number	OA	16	M58	478	
0007	0007	Invalid Date of Service	OA	16	M52	187	15
0009	0009	Invalid Tooth Code	OA	16	N37	242	
0010	0010	Tooth Surface Invalid	OA	16	N75	240	
0012	0012	The Procedure Code is Missing or Not in Valid Format	OA	16	M51	454	
0014	0014	Billed Amount Missing or Invalid	OA	16	M54	178	DQ
0015	0015	Primary Carrier Pay Missing or Invalid	OA	22	M49	286	DV
0017	0017	Please Resubmit This Adjustment/Void with the Correct Reference Number	CR	17	N152	421	85
0020	0020	The COB Code is Missing or Invalid	OA	16	M58	21	
0022	0022	Servicing Provider is Not Eligible to Bill this Payment Request Type	CO	52	M58	91	40
0023	0023	Units of Service Missing or Not in the Valid Format	OA	16	M53	476	
0025	0025	The Statement Covers Period 'Thru' Date is Missing or Invalid.	OA	16	M59	188	
0026	0026	Covered Days Missing or Invalid	OA	16	MA32	456	
0028	0028	Admit Date Missing or Invalid	OA	16	MA40	189	
0030	0030	Primary Diagnosis Code Not on File/Invalid	OA	47	M64	254	
0031	0031	Patient Status is Missing or Invalid	OA	16	MA43	234	
0032	0032	The Amount Due From Patient is Not Valid	OA	16	M58	21	
0033	0033	Total Charge Omitted or Out of Balance	OA	16	M58	178	
0034	0034	Late Charge Indicator is Invalid	OA	16	M58	421	
0035	0035	Missing/Invalid Type of Accommodation Code	OA	16	M58	455	
0036	0036	The Provider Rate is Invalid	OA	16	M58	110	
0037	0037	Billing Provider is Not Eligible to Bill This Service on the Date of Service	CO	B7	N95	91	
0038	0038	The Place of Treatment is Missing or Invalid	OA	58	N38	249	
0039	0039	Qualified Medicare Beneficiary Only Enrollee. Medicaid coverage limited to deductible and coinsurance.	CO	45	M58	421	AE
0040	0040	Type of Service is Invalid	OA	16	M58	250	
0041	0041	The Modifier is Not Valid	OA	B18	M78	453	
0042	0042	Coverage Limited to Medicaid Covered service	CO	96	N30	107	
0044	0044	NDC Missing or Not in Valid Format	OA	16	M119	218	21
0045	0045	The Metric Quantity is Invalid	OA	16	M58	258	E7
0047	0047	The Pharmacy Cost is Invalid	OA	16	M58	178	DQ
0048	0048	The Locality Code is Invalid	OA	16	M58	21	
0050	0050	Transportation verification form not attached.	OA	112	N29	421	
0051	0051	The co-insurance amount is invalid.	OA	2	M58	21	
0052	0052	Emergency Procedure Requires Diagnosis	OA	11	M51	255	
0053	0053	Date of first service is invalid	OA	16	MA100	192	
0054	0054	Principal procedure date is invalid or is outside dates of service billed.	OA	16	MA66	486	
0055	0055	The type of bill is missing or invalid.	OA	16	MA30	228	
0056	0056	Prescription number is Missing	OA	16	M58	219	16
0057	0057	Refill Indicator is Invalid	OA	16	M58	421	17
0059	0059	The maximum units/visits/studies are exceeded	CO	57	N14	258	
0065	0065	The number of passengers is invalid.	OA	16	N14	21	
0066	0066	The wait time on the payment request is invalid.	OA	16	M58	21	
0070	0070	The non-covered charges are invalid.	OA	16	N13	21	
0071	0071	The adjustment or void reason code is invalid.	OA	17	N152	21	
0072	0072	Resubmit with Pkg Insert and/or Label	OA	17	N29	122	
0073	0073	Resubmit w/ Copy of Supplier's/Purchase Invoice	OA	17	N29	122	
0077	0077	Adjustment Denied - Original Payment Request Already Adjusted.	CR	18	N152	54	
0078	0078	Void Denied - Original Payment Already Voided	CR	18	M86	54	87
0080	0080	There is no EPSDT agreement on the provider file.	CO	B7	N30	91	
0081	0081	Enrollee not eligible for waiver benefits on DOS	CO	30	N30	88	
0082	0082	Only one month of charges may be submitted on one payment request form .	OA	125	M54	188	
0083	0083	Fractional Hours Not Accepted	OA	125	M53	476	
0085	0085	The admit source code is missing or invalid.	OA	16	MA42	229	
0089	0089	This service center is not authorized to bill Medicaid.	CO	125	M57	91	40
0098	0098	Data Keyed or Entered is in Error	OA	125	M58	421	85
0099	0099	Multiple Errors	OA	125	N30	21	
0100	0100	The mileage billed is invalid.	OA	16	M22	267	
0101	0101	Date of Service after Date Payment Request received.	OA	110	M52	187	82
0103	0103	Admission date on payment request is later than date the payment request was received.	OA	110	MA05	189	
0104	0104	Thru dos is after the date payment request received.	OA	110	M59	188	
0105	0105	The accommodation charge is missing	OA	16	M79	178	
0106	0106	The accommodation code is missing	OA	16	M50	455	
0107	0107	O/R billed and procedure code missing	OA	16	M51	454	
0109	0109	The diagnosis given is not compatible with the enrollee's sex.	OA	10	MA39	86	
0110	0110	The diagnosis given is not compatible with the enrollee's age.	OA	9	M58	255	
0111	0111	The 'from' date of service is after the 'thru' date of service.	OA	125	M52	188	
0112	0112	The admit date is after the statement period 'from' date.	OA	125	MA05	189	
0113	0113	ICD9-CM Procedure/Sex Restriction	OA	7	MA39	474	
0114	0114	Proc Code Conflicts with Enrollee Age	OA	6	M58	475	
0116	0116	Invalid/Missing Prescribing Physician Number	OA	52	M57	421	25
0117	0117	The modifier used is not compatible with the procedure code billed.	PEND			453	

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0118	0118	Recipient Age 21-64 Not Covered in IMD	OA	6	M58	475	
0119	0119	The statement covers period disagrees with the service units.	OA	125	M53	258	
0120	0120	More Than One Late Accommodation Charge	OA	78	M50	258	
0121	0121	Late Accommodation Charge Incorrect	OA	78	M79	181	
0122	0122	Private Room Accommodation Charge Incorrect	OA	78	M79	181	
0123	0123	Accommodation Charge Incorrect/Inappropriate	OA	78	M79	181	
0124	0124	Charges span two of provider's fiscal years.	OA	125	M58	188	
0126	0126	The primary carrier payment on code 3 is missing.	OA	125	MA92	286	
0128	0128	Enrollee Not Authorized for Dates of Service	CO	62	M62	332	
0129	0129	The revenue code billed is not covered.	OA	96	M50	455	
0130	0130	Billing provider identification number not on file.	CO	B7	M57	421	50
0131	0131	The first other procedure code is not in the correct format or not on file.	OA	125	M67	490	
0133	0133	The revenue code is missing.	OA	125	M50	455	
0134	0134	No Medicare Coverage on File/Resubmit with EOMB/Copy of Medicare Card	OA	17	N29	284	
0135	0135	Submit lab charges on HCFA 1500	OA	125	N34	122	
0137	0137	Payment request exceeds 31-day billing limit.	CO	57	M86	258	
0140	0140	Information Incomplete	OA	16	M58	421	85
0142	0142	The Medicare allowed amount is missing.	OA	16	N18	21	
0143	0143	Enrollee not eligible for medical assistance benefits for dates of service.	OA	31	N30	88	65
0144	0144	Billing provider is not enrolled in the program billed.	CO	B7	N95	421	40
0146	0146	The Procedure Code Billed is Not on File	OA	16	M67	454	
0147	0147	This date of service is prior to the procedure code's effective date.	OA	B18	M67	454	
0148	0148	Rendering provider is not certified to perform procedure.	CO	52	MA129	91	
0149	0149	The Medicare paid amount is missing/invalid.	OA	16	M58	183	
0152	0152	Num Surfaces Disagrees with Procedure Code	OA	16	N81	258	
0153	0153	Invalid Tooth Number/Procedure	OA	16	N37	244	52
0154	0154	Tooth Code Disagrees with Allowable Type	OA	16	N39	244	
0155	0155	Procedure Requires Authorization	CO	62	M62	252	
0157	0157	Approved Authorization Not on File	OA	62	M62	252	
0158	0158	Enrollee Disagrees with Authorization	OA	15	M62	252	
0159	0159	The provider on this payment request is not the provider on the approved PA.	OA	15	M62	252	
0160	0160	Procedure Disagrees with Authorization	OA	15	M62	252	
0161	0161	Authorization not valid for dates of service.	OA	15	M62	252	
0162	0162	Number of procedures exceeds number authorized	CO	62	M62	258	
0163	0163	Surface code does not match authorization	OA	15	N75	240	
0164	0164	The tooth code billed is not the tooth code authorized on the PA.	OA	15	N81	244	
0166	0166	Payment reduced to units authorized.	OA	62	M62	258	
0169	0169	Invalid Dispensed As Written Indicator	OA	16	M58	421	22
0175	0175	Cannot Span State Current Fiscal Year	OA	125	M59	188	
0176	0176	Bill Mother and Baby Separately	OA	125	N15	238	62
0177	0177	Adult Days Greater Than 21 Must Split Bill	OA	57	M53	258	
0178	0178	Invalid Diagnosis Code	OA	16	M64	255	
0179	0179	Invalid Discharge Status for Type Bill	OA	16	MA05	234	
0183	0183	Procedure code does not agree with service.	OA	57	N56	454	
0186	0186	Procedure code billed not compatible with enrollee's sex.	OA	7	MA39	474	
0188	0188	Billing period exceeds 90 days.	CO	57	M86	258	
0189	0189	Previous Admission Must be Resolved First	OA	107	M58	421	
0191	0191	Provider Referral Required	OA	17	MA102	48	
0195	0195	Referring Provider ID Number Not on File	CO	52	M68	132	
0196	0196	Referring provider not eligible to participate in this program.	CO	52	N55	91	
0197	0197	Invalid referring provider.	OA	52	M68	21	
0201	0201	Duplicate Payment Request - Different Provider, Same Dates of Service	OA	B20	M86	54	
0201	1338	Duplicate Payment Request - Different Provider, Same Dates of Service	PEND			54	
0201	1339	Duplicate Payment Request - Different Provider, Same Dates of Service	PEND			54	
0201	1340	Duplicate Payment Request - Different Provider, Same Dates of Service	PEND			54	
0201	1341	Duplicate Payment Request - Different Provider, Same Dates of Service	PEND			54	
0201	1350	Duplicate Payment Request - Different Provider, Same Dates of Service	PEND			54	
0201	1354	Duplicate Payment Request - Different Provider, Same Dates of Service	PEND			54	
0202	0202	Duplicate of History File Record, Different Provider, Same Dates of Service	OA	B20	M86	54	
0202	1438	Duplicate of History File Record, Different Provider, Same Dates of Service	PEND			54	
0202	1439	Duplicate of History File Record, Different Provider, Same Dates of Service	PEND			54	
0202	1440	Duplicate of History File Record, Different Provider, Same Dates of Service	PEND			54	
0202	1441	Duplicate of History File Record, Different Provider, Same Dates of Service	PEND			54	
0202	1460	Duplicate of History File Record, Different Provider, Same Dates of Service	PEND			54	
0202	1464	Duplicate of History File Record, Different Provider, Same Dates of Service	PEND			54	
0203	1180	Review of Service Frequency	CO	57	M86	259	
0203	1181	Review of Service Frequency	CO	57	M86	259	
0203	1182	Review of Service Frequency	CO	57	M86	259	
0203	1183	Review of Service Frequency	CO	57	M86	259	
0203	1184	Review of Service Frequency	CO	57	M86	259	
0203	1185	Review of Service Frequency	CO	57	M86	259	
0203	1186	Review of Service Frequency	CO	57	M86	259	
0203	1187	Review of Service Frequency	CO	57	M86	259	
0203	1188	Review of Service Frequency	CO	57	M86	259	
0203	1189	Review of Service Frequency	CO	57	M86	259	
0203	1190	Review of Service Frequency	CO	57	M86	259	
0203	1191	Review of Service Frequency	CO	57	M86	259	
0203	1192	Review of Service Frequency	CO	57	M86	259	
0203	1193	Review of Service Frequency	CO	57	M86	259	
0203	1194	Review of Service Frequency	CO	57	M86	259	

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0203	1195	Review of Service Frequency	CO	57	M86	259	
0203	1196	Review of Service Frequency	CO	57	M86	259	
0203	1197	Review of Service Frequency	CO	57	M86	259	
0203	1198	Review of Service Frequency	?	57	M86	259	
0203	1212	Review of Service Frequency	?	57	M86	259	
0203	1215	Review of Service Frequency	?	57	M86	259	
0203	1216	Review of Service Frequency	CO	57	M86	259	
0203	1217	Review of Service Frequency	CO	57	M86	259	
0203	1218	Review of Service Frequency	CO	57	M86	259	
0203	1219	Review of Service Frequency	CO	57	M86	259	
0203	1220	Review of Service Frequency	CO	57	M86	259	
0203	1221	Review of Service Frequency	CO	57	M86	259	
0203	1222	Review of Service Frequency	CO	57	M86	259	
0203	1223	Review of Service Frequency	CO	57	M86	259	
0203	1224	Review of Service Frequency	CO	57	M86	259	
0203	1225	Review of Service Frequency	CO	57	M86	259	
0203	1226	Review of Service Frequency	CO	57	M86	259	
0203	1227	Review of Service Frequency	CO	57	M86	259	
0203	1228	Review of Service Frequency	CO	57	M86	259	
0203	1229	Review of Service Frequency	CO	57	M86	259	
0203	1230	Review of Service Frequency	CO	57	M86	259	
0203	1231	Review of Service Frequency	CO	57	M86	259	
0203	1232	Review of Service Frequency	CO	57	M86	259	
0203	1233	Review of Service Frequency	CO	57	M86	259	
0203	1234	Review of Service Frequency	CO	57	M86	259	
0203	1235	Review of Service Frequency	CO	57	M86	259	
0203	1236	Review of Service Frequency	CO	57	M86	259	
0203	1237	Review of Service Frequency	CO	57	M86	259	
0203	1238	Review of Service Frequency	CO	57	M86	259	
0203	1239	Review of Service Frequency	CO	57	M86	259	
0203	1240	Review of Service Frequency	CO	57	M86	259	
0203	1241	Review of Service Frequency	CO	57	M86	259	
0203	1242	Review of Service Frequency	CO	57	M86	259	
0203	1243	Review of Service Frequency	CO	57	M86	259	
0203	1244	Review of Service Frequency	CO	57	M86	259	
0203	1245	Review of Service Frequency	CO	57	M86	259	
0203	1246	Review of Service Frequency	CO	57	M86	259	
0203	1247	Review of Service Frequency	CO	57	M86	259	
0203	1248	Review of Service Frequency	CO	57	M86	259	
0203	1249	Review of Service Frequency	CO	57	M86	259	
0203	1270	Review of Service Frequency	CO	57	M86	259	
0203	1271	Review of Service Frequency	CO	57	M86	259	
0203	1272	Review of Service Frequency	CO	57	M86	259	
0203	1273	Review of Service Frequency	CO	57	M86	259	
0203	1274	Review of Service Frequency	CO	57	M86	259	
0203	1275	Review of Service Frequency	CO	57	M86	259	
0203	1276	Review of Service Frequency	CO	57	M86	259	
0203	1277	Review of Service Frequency	CO	57	M86	259	
0203	1278	Review of Service Frequency	CO	57	M86	259	
0203	1279	Review of Service Frequency	CO	57	M86	259	
0203	1280	Review of Service Frequency	CO	57	M86	259	
0203	1281	Review of Service Frequency	CO	57	M86	259	
0203	1302	Review of Service Frequency	CO	57	M86	259	
0203	1322	Review of Service Frequency	CO	57	M86	259	
0203	1323	Review of Service Frequency	CO	57	M86	259	
0203	1324	Review of Service Frequency	CO	57	M86	259	
0203	1325	Review of Service Frequency	CO	57	M86	259	
0203	1326	Review of Service Frequency	CO	57	M86	259	
0203	1327	Review of Service Frequency	CO	57	M86	259	
0203	1328	Review of Service Frequency	CO	57	M86	259	
0204	1011	Included in Related Procedure	PEND	97	M86	446	
0204	1012	Included In Related Procedure	PEND			446	
0204	1013	Included in Related Procedure	PEND			446	
0204	1016	Included in Related Procedure	PEND			446	
0204	1017	Included in Related Procedure	PEND			446	
0204	1018	Included in Related Procedure	PEND			446	
0204	1019	Included in Related Procedure	PEND			446	
0204	1020	Included in Related Procedure	PEND			446	
0204	1021	Included in Related Procedure	PEND			446	
0204	1022	Included In Related Procedure	PEND			446	
0204	1023	Included in Related Procedure	PEND			446	
0204	1026	Included in Related Procedure	PEND			446	
0204	1027	Included In Related Procedure	PEND			446	
0204	1029	Included in Related Procedure	PEND			446	
0204	1032	Included in Related Procedure	PEND			446	
0204	1035	Included in Related Procedure	PEND	97	M86	446	
0204	1036	Payment Request Denied - Services Not Justified	PEND			454	
0204	1037	Included in Related Procedure	PEND			446	
0204	1039	Included in Related Procedure	PEND			446	
0204	1040	Included in Related Procedure	PEND			446	
0204	1107	Included in Related Procedure	PEND			446	
0204	1108	Included in Related Procedure	PEND			446	
0204	1109	Included in Related Procedure	PEND			446	

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0204	1110	Included in Related Procedure	PEND			446	
0204	1111	Included in Related Procedure	PEND			446	
0204	1112	Included in Related Procedure	PEND			446	
0204	1113	Included in Related Procedure	PEND			446	
0204	1114	Included in Related Procedure	PEND			446	
0204	1115	Included in Related Procedure	PEND			446	
0204	1116	Included in Related Procedure	PEND			446	
0204	1117	Included in Related Procedure	PEND			446	
0204	1118	Included in Related Procedure	PEND			446	
0204	1330	Included in Related Procedure	PEND			446	
0204	1331	Included in Related Procedure	PEND			446	
0206	0206	Provider Suspend Payment Flag	PEND			421	
0207	0207	Enrollee Aged 21 or Older	CO	6	M58	475	
0208	0208	The payment request is past the filing limit of one year.	CO	29	N29	107	81
0209	0209	Individual Consideration Requested (IC)	PEND			421	
0210	0210	No pricing segment is on file.	PEND			110	
0211	0211	Procedure code billed not compatible with enrollee's age.	OA	6	M58	475	66
0212	0212	Procedure code billed not compatible with enrollee's age	OA	6	M58	475	66
0214	0214	Pending determination of allowance.	PEND			110	
0215	0215	Review of Mammography Certification Date	CO	52	N110	332	
0216	0216	Pending Review of Charges	PEND			178	
0218	0218	Length of stay not justified.	PEND			194	
0219	0219	Review Inpatient Psych/EPSTD Pre-Auth	PEND			252	
0220	0220	Valid authorization or justification not attached.	OA	62	M62	252	
0221	0221	Pending Review for Other Insurance Coverage	PEND			52	
0222	0222	Suspended for Enrollee Review	PEND			46	
0223	0223	Emergency not documented	PEND			471	
0225	0225	Units billed exceeded max allowable units for this procedure. Payment based on allowable units.	CO	57	M53	258	
0225	1033	Included in Related Procedure	PEND			446	
0226	0226	Payment reduced to 50% of reimbursement rate for service when performed outpatient	OA	57	M58	107	
0230	0230	This service is covered fully by Medicare	PEND			182	
0231	0231	Verify Enrollee Eligibility in HMO	PEND			97	
0234	0234	Adjustment-Original Payment Request Not on File	OA	129	N152	122	13
0243	0243	Individual Consideration Requested	PEND			421	
0244	0244	Medicare remittance (EOMB) not attached	OA	17	N66	286	
0246	0246	This Procedure/Enrollee Age Questioned	OA	6	M58	475	
0248	0248	Service Begin Date Prior to Auth Begin Date	OA	15	MA06	187	
0249	0249	Duplicate Payment Request - Same Provider, Overlapping Dates of Service	PEND			54	
0249	1342	Duplicate Payment Request - Same Provider, Overlapping Dates of Service	OA	18	M80	54	
0249	1343	Duplicate Payment Request - Same Provider, Overlapping Dates of Service	OA	18	M80	54	
0249	1344	Duplicate Payment Request - Same Provider, Overlapping Dates of Service	OA	18	M80	54	
0249	1351	Duplicate Payment Request - Same Provider, Overlapping Dates of Service	???	18	M80	54	
0249	1355	Duplicate Payment Request - Same Provider, Overlapping Dates of Service	???	18	M80	54	
0249	1372	Duplicate Payment Request - Same Provider, Overlapping Dates of Service	???	18	M80	54	
0249	1376	Duplicate Payment Request - Same Provider, Overlapping Dates of Service	???	18	M80	54	
0250	0250	Review Primary Carrier Payment	PEND			286	
0251	0251	Review Blood and Coinsurance Charges.	OA	66	M54	286	
0252	0252	Review of Revised Medicare Coverage	PEND			171	
0253	0253	Coinsurance Charge In Review	OA	2	M58	178	
0254	0254	Review Pre-Op Day(s)	PEND			258	
0255	0255	Admission not justified	PEND			287	
0257	0257	The enrollee's hospital stay exceeds the allowable number of days for the given diagnosis.	PEND			258	
0258	0258	Review 21 Day Hospital Care	PEND			258	
0263	0263	Emergency & Not Primary Provider ID	OA	52	M58	424	
0264	1450	Review Emergency X-Ray	PEND			421	
0265	0265	Drug Cost Not on File	OA	16	N14	110	85
0266	0266	Multiple Payment Requests Exceed 21 Days	PEND			258	
0267	0267	This enrollee is covered by Medicare Part A, rebill on Title 18 invoice.	OA	22	N34	52	
0269	0269	Not justified for inpatient surgery.	OA	57	M58	249	
0275	0275	Pending Review of PA	OA	62	M62	252	
0276	0276	Review of 175 NICU Code	PEND			455	
0277	0277	Consent Form Needed for This Surgical Procedure	PEND			21	
0278	0278	Review of Sterilization Consent Form	PEND			421	
0280	0280	Review EPSDT Service	PEND			46	
0282	0282	Primary carrier payment needs explanation.	OA	16	N4	286	
0283	0283	Medical Consultant Review	PEND			421	
0286	0286	Review of CMM Restriction	OA	16	M58	421	
0288	0288	Review Deductible Charges	OA	1	M58	421	
0290	0290	Review of CMM Accident/Emergency Condition	OA	40	M58	421	
0291	0291	Suspended for Budget Relief	PEND			421	84
0295	0295	Risk Screen Not Attached	PEND			421	
0298	0298	Non-resident alien eligible for medical emergency only.	CO	40	N10	471	
0300	0300	Other payment sources exceed DMAS allowable amount.	CO	23	M43	107	
0301	0301	Duplicate Payment Request - Same Provider, Same Dates of Service	OA	18	M86	54	83
0301	1335	Duplicate Payment Request - Same Provider, Same Dates of Service	OA	18	M86	54	
0301	1336	Duplicate Payment Request - Same Provider, Same Dates of Service	OA	18	M86	54	
0301	1337	Duplicate Payment Request - Same Provider, Same Dates of Service	OA	18	M86	54	
0301	1349	Duplicate Payment Request - Same Provider, Same Dates of Service	OA	18	M86	54	
0301	1353	Duplicate Payment Request - Same Provider, Same Dates of Service	OA	18	M86	54	
0301	1371	Duplicate Payment Request - Same Provider, Same Dates of Service	OA	18	M86	54	

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0301	1374	Duplicate Payment Request - Same Provider, Same Dates of Service	OA	18	M86	54	
0301	1471	Duplicate Payment Request - Same Provider, Same Dates of Service	OA	18	M86	54	
0302	0302	Duplicate of History File Record, Same Provider, Same Dates of Service	OA	18	M86	54	83
0302	1375	Duplicate of History File Record, Same Provider, Same Dates of Service	OA	18	M86	54	
0302	1435	Duplicate of History File Record, Same Provider, Same Dates of Service	OA	18	M86	54	
0302	1436	Duplicate of History File Record, Same Provider, Same Dates of Service	OA	18	M86	54	
0302	1437	Duplicate of History File Record, Same Provider, Same Dates of Service	OA	18	M86	54	
0302	1459	Duplicate of History File Record, Same Provider, Same Dates of Service	OA	18	M86	54	
0302	1463	Duplicate of History File Record, Same Provider, Same Dates of Service	OA	18	M86	54	
0303	0303	Frequency Limitation Exceeded	CO	57	M86	259	
0303	1038	Frequency Limitation Exceeded	CO	57	M86	259	
0303	1200	Frequency Limitation Exceeded	CO	57	M86	259	
0303	1201	Frequency Limitation Exceeded	CO	57	M86	259	
0303	1202	Frequency Limitation Exceeded	CO	57	M86	259	
0303	1203	Frequency Limitation Exceeded	CO	57	M86	259	
0303	1204	Frequency Limitation Exceeded	CO	57	M86	259	
0303	1205	Frequency Limitation Exceeded	CO	57	M86	259	
0303	1206	Frequency Limitation Exceeded	CO	57	M86	259	
0303	1207	Frequency Limitation Exceeded	CO	57	M86	259	
0303	1208	Frequency Limitation Exceeded	CO	57	M86	259	
0303	1209	Frequency Limitation Exceeded	CO	57	M86	259	
0303	1210	Frequency Limitation Exceeded	CO	57	M86	259	
0303	1211	Frequency Limitation Exceeded	CO	57	M86	259	
0303	1212	Frequency Limitation Exceeded	CO	57	M86	259	
0303	1213	Frequency Limitation Exceeded	CO	57	M86	259	
0303	1214	Frequency Limitation Exceeded	CO	57	M86	259	
0304	0304	Procedure Related to Approved Major Procedure	OA	97	M86	446	
0304	1119	Included in Related Procedure	OA	97	M86	446	
0304	1120	Included in Related Procedure	OA	97	M86	446	
0304	1457	Included in Related Procedure	OA	97	M86	446	
0305	0305	Services Not Authorized	CO	38	N27	252	
0305	1121	Services not Authorized	CO	62	M62	252	
0305	1458	Services not Authorized	CO	62	M62	252	
0307	0307	Drug Not Covered for Enrollee's Age 21 or Older	CO	6	M58	475	85
0308	0308	Your payment request was filed past the filing time limit without acceptable documentation.	CO	29	N29	421	81
0309	0309	Services Not Covered	CO	96	N30	454	
0310	0310	This service is covered fully by Medicare.	OA	23	M43	182	
0313	0313	Enrollee is covered by private insurance, refer to third party information of this R/A.	CO	22	MA04	421	22
0315	0315	Unlisted Procedure; Not Explained	OA	16	N29	454	
0316	0316	Maximum Payment Previously Made	CO	B13	M86	421	
0316	1123	Maximum Payment Previously Made	CO	97	M86	421	
0316	1124	Maximum Payment Previously Made	CO	97	M86	421	
0316	1128	Maximum Payment Previously Made	CO	97	M86	421	
0318	0318	Enrollee Not Eligible on DOS	CO	31	N30	88	65
0319	0319	Enrollee Cancelled	CO	141	N30	88	
0320	0320	Servicing provider is not enrolled in the program billed.	CO	B7	N95	109	
0323	0323	Provider has been cancelled	CO	B7	M58	91	
0325	0325	Maximum Units/Visits/Studies Exceeded	CO	57	M53	258	
0325	1034	Maximum units/visits/studies exceeded	CO	57	M86	258	
0325	1125	Maximum Units/Visits/Studies Exceeded	CO	57	M86	258	
0325	1126	Maximum Units/Visits/Studies Exceeded	CO	57	M86	258	
0325	1127	Maximum Units/Visits/Studies Exceeded	CO	57	M86	258	
0325	1128	Maximum Units/Visits/Studies Exceeded	CO	57	M86	258	
0325	1129	Maximum Units/Visits/Studies Exceeded	CO	57	M86	258	
0325	1130	Maximum Units/Visits/Studies Exceeded	CO	57	M86	258	
0325	1131	Maximum Units/Visits/Studies Exceeded	CO	57	M86	258	
0325	1132	Maximum Units/Visits/Studies Exceeded	CO	57	M86	258	
0325	1133	Maximum Units/Visits/Studies Exceeded	CO	57	M86	258	
0325	1134	Maximum Units/Visits/Studies Exceeded	CO	57	M86	258	
0325	1135	Maximum Units/Visits/Studies Exceeded	CO	57	M86	258	
0325	1139	Maximum Units/Visits/Studies Exceeded	CO	57	M86	258	
0325	1143	Maximum Units/Visits/Studies Exceeded	CO	57	M86	258	
0325	1147	Maximum Units/Visits/Studies Exceeded	CO	57	M86	258	
0325	1148	Maximum Units/Visits/Studies Exceeded	CO	57	M86	258	
0325	1155	Maximum Units/Visits/Studies Exceeded	CO	57	M86	258	
0326	0326	Non-Legend Drug	OA	125	M58	88	70
0330	0330	Duplicate of History File Record, Same Provider, Overlapping Dates of Service	OA	18	M80	54	
0330	1377	Duplicate of History File Record, Same Provider, Overlapping Dates of Service	OA	18	M80	54	
0330	1442	Duplicate of History File Record, Same Provider, Overlapping Dates of Service	PEND			54	
0330	1443	Duplicate of History File Record, Same Provider, Overlapping Dates of Service	PEND			54	76
0330	1444	Duplicate of History File Record, Same Provider, Overlapping Dates of Service	PEND			54	
0330	1461	Duplicate of History File Record, Same Provider, Overlapping Dates of Service	PEND			54	
0330	1465	Duplicate of History File Record, Same Provider, Overlapping Dates of Service	PEND			54	

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0330	1472	Duplicate of History File Record, Same Provider, Overlapping Dates of Service	PEND			54	
0338	0338	Bill Type 112/113 for Adults Must = 21 Days	CO	57	MA32	258	
0339	0339	Hysterectomy Certificate Not Acceptable	OA	17	N3	21	
0340	0340	Abortion Certificate Not Acceptable	OA	17	N3	21	
0341	0341	Sterilization Consent Form Not Acceptable	OA	17	N3	21	
0342	0342	Insufficient Data Available/Illegible	OA	16	N3	421	85
0344	0344	Bill Medicare Part B for Coverage; Rebill on Title 18 Invoice	OA	109	N34	52	
0346	0346	Check NDC, Resubmit, Identify Drug/MFTR	CR	125	M119	218	
0349	0349	Sterilization Consent Form Needed	OA	17	N28	21	
0350	0350	Info Rec Not Signed in Advance	OA	B5	N3	467	
0352	0352	Only Paid Payment Requests Can be Adjusted/Voided	OA	129	M58	107	
0353	0353	Incorrect Provider Number	OA	B7	M57	132	
0355	0355	Payment Request Too Old to Adjust or Void	CO	29	M58	421	81
0356	0356	To Adjust Payment, Submit Adjustment Request	OA	129	N152	122	85
0360	0360	Procedure is already included in a related procedure	OA	97	M86	446	
0360	1014	Included in Related Procedure	OA	97	M86	446	
0360	1025	Included In Related Procedure	OA	97	M86	446	
0360	1122	Included in Related Procedure	OA	97	M86	446	
0360	1453	Included in Related Procedure	OA	97	M86	446	
0360	1454	Included in Related Procedure	OA	97	M86	446	
0362	0362	Service Limit Exception Not Substantiated	CO	57	N29	258	
0364	0364	Primary carrier payment equals or exceeds DMAS' allowed amount.	CO	23	M43	182	23
0365	0365	Disp Unit Outside Program Min-Max Allowance	CO	57	M53	258	
0366	0366	Maximum number of refills has been reached	CO	57	M53	259	76
0367	0367	This enrollee is covered by Medicare Part B, Rebill on Title 18 invoice.	CO	109	N34	52	
0369	0369	Use 80 81 82 in Block 24D to Indicate Asst.	OA	125	M78	21	
0370	0370	Wrong Procedure Code Billed	OA	125	M67	454	
0370	1031	Wrong Procedure Code Billed	OA	125	N56	454	
0370	1449	Wrong Procedure Code Billed	OA	125	N56	454	
0371	0371	Wrong Procedure/Wrong Claim Type	OA	125	N34	454	62
0372	0372	Enrollee name/number mismatch. Resubmit with correct name/number or contact local DSS.	OA	140	M58	125	62
0373	0373	Provider not authorized to bill these services.	CO	B7	N95	91	
0374	0374	Invalid Combination of Procedures	OA	125	M58	446	
0374	1015	Invalid Combination of Procedures	OA	125	M58	21	
0374	1041	Invalid Combination of Procedures	OA	125	M58	21	
0374	1456	Invalid Combination of Procedures	OA	125	M58	21	
0375	0375	Requested Information Not Received	OA	17	M58	95	
0376	0376	Procedure Performed Not Clearly Identified	OA	16	N65	21	
0377	0377	Enrollee Below Min Age for Consent Signature	CO	6	N28	475	
0378	0378	Sterilization Done Outside Consent Time Limits	CO	B5	N28	187	
0379	0379	Date of Service Does Not Match Orig Payment Request	OA	129	MA06	187	
0380	0380	Bill Nursing Home for this Service.	OA	109	M58	107	
0382	0382	Maint Dose/Duration Exceeded - Give Diagnosis	CO	57	M76	255	85
0383	1042	MICC Limitation for Patient Education Services	OA	57	M86	259	
0383	1043	MICC Nutritional Assessment Limitations	OA	57	M86	259	
0383	1044	MICC Nutritional Follow-up Visits Limitation	OA	57	M86	259	
0383	1045	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1046	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1047	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1048	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1049	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1050	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1051	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1052	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1053	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1054	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1055	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1056	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1057	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1058	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1059	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1060	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1061	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1062	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1063	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1064	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1065	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1066	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1067	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1068	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1069	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1070	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1071	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1072	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1073	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1074	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1075	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1076	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1077	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1078	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1079	Service Limits Exceeded, Not Authorized	CO	62	M86	258	

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0383	1080	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1081	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1082	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1083	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1084	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1085	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1086	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1087	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1088	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1089	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1090	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1091	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1092	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1093	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1094	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1095	Service Limits, Not Authorized	CO	62	M86	258	
0383	1096	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1097	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1098	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1099	Service Limits Exceeded, Not authorized	CO	62	M86	258	
0383	1100	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1101	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1102	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1103	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1104	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1105	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1144	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1145	Service Limits Exceeded, Not authorized	CO	62	M86	258	
0383	1146	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1163	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1164	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1165	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1166	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1167	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1168	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1314	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1315	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1316	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1317	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1318	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1319	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1320	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0383	1321	Service Limits Exceeded, Not Authorized	CO	62	M86	258	
0385	0385	Re-bill on Title XVIII Invoice	OA	125	N34	122	
0386	0386	Requested Primary Carrier Remittance Not Attached	CO	17	N29	421	85
0387	0387	Primary Carrier Payment Needs Explanation	OA	23	N4	285	23
0389	0389	This Procedure/Enrollee Age Incompatible	CO	6	M58	475	
0390	0390	More Than Three Sessions in Seven Days	CO	57	M86	259	
0394	0394	Drug Not Covered	CO	96	N30	421	70
0396	0396	Unable to locate paid payment request to be adjusted. Please verify reference number.	OA	129	M58	421	87
0397	0397	Unable to locate original paid payment request. Please resubmit with correct payment request number.	OA	129	M58	421	87
0398	0398	Less than effective drug	CO	56	M58	421	70
0399	0399	Multiple Errors	OA	125	M58	421	
0400	0400	Duplicate Rx Number/Different Drug Code	OA	18	M58	219	83
0401	0401	Charges Exceed Maximum Allowance - Submit on Paper for Individual Consideration	CO	42	M80	46	
0402	0402	Number of Days Exceed Medicare Allowable	CO	57	M53	258	
0403	0403	NDC Not Covered	CO	96	N30	218	70
0406	0406	Provider Not Approved for POS	CO	B7	N95	24	85
0407	0407	No Bill Type 112	OA	107	M58	228	
0408	0408	21 Day Hospital Care Limit Exceeded	CO	57	M53	258	
0409	0409	Medical Justification Not Indicated on Invoice	CO	57	N29	21	
0410	0410	Documentation Not Received	CO	17	N66	95	
0411	0411	Resubmit Invoice with Supporting X-rays	CO	16	N40	318	
0413	0413	Wrong X-ray Combination Use Code 00212	OA	125	N56	454	
0415	0415	Servicing provider ID is not the approved provider.	OA	38	M58	25	
0416	0416	Break in Date of Service for DRG Bill Type	CO	125	M59	188	
0418	0418	ProDUR Over Utilization/Early Refill	CO	57	M86	259	ER
0419	0419	Not an emergency and Not CMM Provider ID	CO	40	N55	471	M2
0420	0420	Not an Emergency and Not Primary Pharmacy	CO	40	N55	471	M2
0421	0421	CMM Emergency Not Substantiated	CO	40	N29	471	
0423	0423	NDC Not on File, Check NDC	OA	125	M119	421	54
0424	0424	Provider not certified to bill unit dose.	CO	B7	N95	145	50
0425	0425	Unit dose not payable for NDC for this prov specialty	CO	52	M58	145	
0426	0426	Unable to Resolve, Use Specific CPT Code	OA	125	N56	454	
0428	0428	21 Day - 60 Day Exceeded Same Diagnosis	CO	57	M86	258	
0430	0430	Invalid CDPAS Claim Submission Sequence	CO	107	M58	21	
0430	1140	Invalid CDPAS Claim Submission Sequence	OA	107	M58	21	
0430	1141	Invalid CDPAS Claim Submission Sequence	OA	107	M58	21	
0430	1142	Invalid CDPAS Claim Submission Sequence	OA	107	M58	21	
0432	0432	Quantity Per Ingredient	CO	16	M123	258	ED

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0434	0434	Dosage? Advise VMAP/Resubmit	CO	16	M123	221	
0435	0435	Invalid Drug Code for Compound Rx	CO	16	N56	421	70
0436	0436	The hours or days billed exceed the hours or days allowed for this procedure.	CO	57	M53	258	
0440	0440	Previously Denied by DMAS - UR	CO	18	M86	421	
0441	0441	Admission not justified	CO	57	N29	287	
0442	0442	Admission Not Justified > 3 < 8 Days LOS	CO	57	N29	287	
0443	0443	Requested Info Insufficient/Not Acceptable	CO	17	M58	421	85
0444	0444	Medicare Remittance (EOMB) Not Attached	OA	17	MA04	286	
0447	0447	Procedure Not Authorized for This Patient	CO	62	M62	84	
0448	0448	Revenue Code/Age Restriction	CO	6	M58	475	
0449	0449	Adult and nursery/neonatal days are not allowed on the same payment request	CO	125	N15	102	
0450	0450	Non-resident alien eligible for medical emergency only.	CO	40	M58	471	
0451	0451	Only one nursery revenue code may be billed on a payment request	CO	57	M53	455	
0452	0452	Overlapping Program Eligibilities	CO	85	M58	188	
0453	0453	Enrolled in HMO	CO	24	MA92	421	M1
0454	0454	Payment Request Exceeds 31-Day Billing Limit	CO	57	M86	258	
0456	0456	Enrollee Not Covered for This Service	CO	96	N30	421	M1
0457	0457	Possible Retroactive Coverage, Send Letter From Social Services	CO	29	N66	421	85
0459	0459	Valid Risk screen not attached.	CO	16	N29	421	
0461	0461	The service units billed do not match the number of days covered by the dates of service.	OA	125	M53	258	
0462	0462	Identify Each Ingredient with NDC	CO	125	M119	421	EC
0464	0464	Invalid Drug Code; Not a Compound	CO	125	M119	421	85
0466	0466	Invalid payment request for HMO provider.	CO	B7	N34	91	
0467	0467	SNF Coinsurance Days Billed Exceed 80	CO	57	MA34	258	
0468	0468	Provider Not Certified to Perform This Procedure or Service.	CO	B7	M58	91	
0469	0469	Submitted Documents Not Suitable for Review	OA	16	N66	21	
0470	0470	Not Covered/Nursing Facility Supply Item	CO	96	N30	421	63
0471	0471	Not Eligible for MICC Serv on Date of Serv	CO	96	N30	88	
0472	0472	Enrollee Not Authorized for MICC Service	CO	62	M62	252	
0473	0473	Outcome Report Not Received	OA	17	N66	95	
0475	0475	Adjustment Denied, Patient Status Cannot Change	OA	125	MA43	234	
0480	0480	Provider not CLIA certified to perform procedure.	CO	B7	MA129	91	
0481	0481	Nursing Home Patient; PA required	CO	62	M62	252	
0482	0482	Unable to Validate Enrollee in HMO	CO	125	N52	88	
0483	0483	Prior authorization approval is pending, please resubmit when authorized.	CO	62	M62	252	
0484	0484	Two Providers Same Service/Date of Service	OA	B20	M86	54	
0485	0485	Authorization by medallion PCP not indicated.	CO	62	M68	252	
0486	0486	Units Billed Exceeds Units Authorized	CO	62	M53	258	75
0487	0487	Patient Payment Greater Than Charge	PR	23	M43	183	
0488	0488	Resubmit with CMM Referral Form	CO	17	N29	48	
0489	0489	CMM Referral Form Not Acceptable	CO	17	N66	48	
0490	0490	**EPSDT condition code missing or not valid.	OA	16	M44	21	
0491	0491	Included in Capitation Rate for LTC PCP/PACE	CO	24	M43	421	AF
0492	0492	Medicare Paid 100% of Allowed Charges	OA	23	M43	182	
0493	0493	Prescribing Physician Not on File	OA	52	M58	421	25
0495	0495	Other insurance information is missing	CO	16	N48	171	
0496	0496	CMN Required	CO	17	N29	421	85
0497	0497	CMM Emergency Not Substantiated	CO	40	N29	471	
0498	0498	CMM Emergency Documentation Not Received	CO	17	N66	95	
0500	0500	The procedure code is inconsistent with the modifier used or a required modifier is mis	OA	4			
0501	0501	The Procedure Code/Bill Type Is Inconsistent With Place Of Service.	OA	5			
0502	0502	The Procedure Code Is Inconsistent With The Patient'S Age.	OA	6			
0503	0503	The Procedure Code Is Inconsistent With The Patient'S Gender.	OA	7			
0504	0504	The Procedure Code Is Inconsistent With The Provider Type.	OA	8			
0505	0505	The Diagnosis Is Inconsistent With The Patient'S Age.	OA	9			
0506	0506	The Diagnosis Is Inconsistent With The Patient'S Gender.	OA	10			
0507	0507	The Diagnosis Is Inconsistent With The Procedure.	OA	11			
0508	0508	The Diagnosis Is Inconsistent With The Provider Type.	OA	12			
0509	0509	The Date Of Death Precedes The Date Of Service.	OA	13			
0510	0510	The Date Of Birth Follows The Date Of Service.	OA	14			
0511	0511	Authorization Number Is Missing/Invalid	OA	15			
0512	0512	Claim/Service Lacks Information Which Is Needed For Adjudication.	OA	16			
0513	0513	Requested Information Missing/Incomplete	OA	17			
0514	0514	Duplicate Claim/Service.	OA	18			
0515	0515	Claim Denied Because This Is A Work-Related Injury/Illness.	OA	19			
0516	0516	Claim Denied Due To Injury/Illness Covered By The Liability Carrier.	OA	20			
0517	0517	Claim Denied Because Injury/Illness Is Liability Of No-Fault Carrier.	OA	21			
0518	0518	Service May Be Covered By Another Payer	OA	22			
0519	0519	Payment Adjusted Because Charges Have Been Paid By Another Payer.	OA	23			
0520	0520	Service Covered Under A Capitation Agreement/Managed Care Plan.	OA	24			
0521	0521	Expenses Incurred Prior To Coverage.	OA	26			
0522	0522	Expenses Incurred After Coverage Terminated.	OA	27			
0523	0523	The Time Limit For Filing Has Expired.	OA	29			
0524	0524	Claim Denied As Patient Cannot Be Identified As Our Insured.	OA	31			
0525	0525	Dependent Is Not An Eligible Dependent As Defined.	OA	32			
0526	0526	Claim Denied. Insured Has No Dependent Coverage.	OA	33			
0527	0527	Claim Denied. Insured Has No Coverage For Newborns.	OA	34			
0528	0528	Benefit Maximum Has Been Reached.	OA	35			
0529	0529	Services Not Provided Or Authorized By Designated (Network) Providers	OA	38			
0530	0530	Services Denied At Time Authorization/Pre-Certification Was Requested	OA	39			

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0531	0531	Charges Do Not Meet Qualifications For Emergent/Urgent Care.	OA	40		
0532	0532	Charges Exceed Our Fee Schedule Or Maximum Allowable Amount.	OA	42		
0533	0533	Charges Exceed Your Contracted/ Legislated Fee Arrangement.	OA	45		
0534	0534	Diagnosis(Es) Is (Are) Not Covered, Missing, Or Are Invalid.	OA	47		
0535	0535	Non-Covered Services: Routine Procedure Done At Time Of Routine Exam.	OA	49		
0536	0536	Non-Covered Services Because Not Deemed `Medical Necessity' By Payer.	OA	50		
0537	0537	These Are Non-Covered Services Because Pre-Existing Condition	OA	51		
0538	0538	Not Eligible To Refer/Prescribe/Order/Perform The Service Billed.	OA	52		
0539	0539	Services By Immed Relative Or Member Of Same Household Not Covered	OA	53		
0540	0540	Multiple Physicians/Assistants Are Not Covered In This Case.	OA	54		
0541	0541	Denied Because It Is Deemed Experimental/Investigational By The Payer	OA	55		
0542	0542	Less Than Effective Treatment/Service.	OA	56		
0543	0543	Service(S) Not Justified	OA	57		
0544	0544	Inappropriate Or Invalid Place Of Service.	OA	58		
0545	0545	Charges Are Adjusted Based On Multiple Surgery Rules	OA	59		
0546	0546	Outpatient Services With Proximity To Inpatient Services Not Covered.	OA	60		
0547	0547	Charges Adjusted For Failure To Obtain Second Surgical Opinion.	OA	61		
0548	0548	Payment Denied/Reduced Authorization Missing Or Exceeded	OA	62		
0549	0549	Primary Payer Amount.	OA	71		
0550	0550	Non-Covered Days/Room Charge Adjustment.	OA	78		
0551	0551	Interest Amount.	OA	85		
0552	0552	Benefits Adjusted. Plan Procedures Not Followed.	OA	95		
0553	0553	Non-Covered Charge(S).	OA	96		
0554	0554	Payment Is Included In The Allowance For Another Service/Procedure.	OA	97		
0555	0555	Payment Made To Patient/Insured/Responsible Party.	OA	100		
0556	0556	Payment Upon Completion Of Services Or Claim Adjudication.	OA	101		
0557	0557	Invalid Claim Submission Sequence	OA	107		
0558	0558	Payment Reduced Because Rent/Purchase Guidelines Were Not Met.	OA	108		
0559	0559	You Must Send The Correct Claim To Correct Payer.	OA	109		
0560	0560	Billing Date Predates Service Date.	OA	110		
0561	0561	Not Covered Unless The Provider Accepts Assignment.	OA	111		
0562	0562	Not Furnished Directly To The Patient And/Or Not Documented.	OA	112		
0563	0563	Denied Because Service Provided Outside U.S. Or As A Result Of War.	OA	113		
0564	0564	Procedure/Product Not Approved By The Food And Drug Administration.	OA	114		
0565	0565	Payment Adjusted As Procedure Postponed Or Canceled.	OA	115		
0566	0566	Advance Indemnification Notice Did Not Comply With Requirements.	OA	116		
0567	0567	Adjustment Because Transportation Only Covered To Closest Facility	OA	117		
0568	0568	Benefit Maximum For This Time Period Has Been Reached.	OA	119		
0569	0569	Payment Adjusted Due To A Submission/Billing Error(S).	OA	125		
0570	0570	Newborn'S Services Are Covered In The Mother'S Allowance.	OA	128		
0571	0571	Payment Denied - Prior Processing Information Appears Incorrect.	OA	129		
0572	0572	The Disposition Of This Claim/Service Is Pending Further Review.	OA	133		
0573	0573	Claim Denied. Interim Bills Cannot Be Processed.	OA	135		
0574	0574	Claim Adjusted. Plan Procedures Of A Prior Payer Were Not Followed.	OA	136		
0575	0575	Claim Denied. Appeal Procedures Not Followed Or Time Limits Not Met.	OA	138		
0576	0576	Patient/Insured Health Identification Number And Name Do Not Match.	OA	140		
0577	0577	Dates Spans Eligible And Ineligible Periods Of Coverage.	OA	141		
0578	0578	Diagnosis Was Invalid For The Date(S) Of Service Reported.	OA	146		
0579	0579	Provider Contracted/Negotiated Rate Expired Or Not On File.	OA	147		
0580	0580	Info. From Another Provider Not Provided/Insufficient/Incomplete	OA	148		
0581	0581	Claim Denied; Ungroupable Drg	OA	A8		
0582	0582	Non-Covered Visits.	OA	B1		
0583	0583	Coverage/Program Guidelines Were Not Met Or Were Exceeded.	OA	B5		
0584	0584	Payment Is Adjusted When Performed/Billed By This Type Of Provider	OA	B6		
0585	0585	Provider Not Certified/Eligible For This Service On Date Of Service.	OA	B7		
0586	0586	Not Covered/Reduced, Alternative Services Available But Not Utilized.	OA	B8		
0587	0587	Services Not Covered Because The Patient Is Enrolled In A Hospice.	OA	B9		
0588	0588	Allowed Amt Reduced, A Component Of The Basic Procedure/Test Was Paid	OA	B10		
0589	0589	Claim Transferred To The Proper Payer/Processor For Processing.	OA	B11		
0590	0590	Services Not Documented In Patients' Medical Records.	OA	B12		
0591	0591	Previously Paid	OA	B13		
0592	0592	Denied Because Only One Visit Or Consultation Per Physician Per Day.	OA	B14		
0593	0593	Pyrmnt Adjusted Because This Procedure/Service Is Not Paid Separately.	OA	B15		
0594	0594	Not Prescribed By Doctor, Prior To Delivery, Or Prescription Invalid.	OA	B17		
0595	0595	Procedure Code/Modifier Invalid On Date Of Service	OA	B18		
0596	0596	Service Was Partially Or Fully Furnished By Another Provider.	OA	B20		
0597	0597	This Payment Is Adjusted Based On The Diagnosis.	OA	B22		
0598	0598	Provider Failed An Aspect Of A Proficiency Testing Program.	OA	B23		
0600	0600	Reduced No Medical Necessity For Weekend Admission	CO	57	N66	287
0602	0602	Pre-Op Day(s) Not Justified	CO	57	N29	287
0603	0603	Days Reduced - No Medical Necessity For Weekend Admission	CO	57	N66	287
0604	0604	No Accident/Medical Emergency Related	CO	40	M58	107
0605	0605	Length Of Stay Not Medically Justified	CO	57	N66	258
0606	0606	Multiple Claims Exceed 21 Days	CO	57	M86	258
0607	0607	Outpatient Procedure Not Justified as Inpatient	CO	58	N66	107
0608	0608	Payments Reduced. Documents Illegible-Emergency Room	CO	40	N66	21
0609	0609	Reduction Of LOS	CO	57	M86	258
0610	0610	Consent Form Must be Signed and Dated by Enrollee Prior to Surgery	CO	17	N28	467
0611	0611	Statement of Person Obtaining Consent Not Completed	CO	17	N28	21
0613	0613	Physician's Statement on DMAS 3004 Not Filled in Completely	CO	17	N28	21
0614	0614	ProDUR Pregnancy Alert	CO	B5	N35	421
0615	0615	Reduced - Unjustified Delay of Service	CO	57	N35	107
0620	0620	Reduced - Weekend Admission LOS Not Justified	CO	57	N10	107

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0621	0621	298 Not Emergency Coverage For Alien	CO	40	N10	107	
0623	0623	Reduced - Letter Of Explanation Sent	CO	57	M118	107	
0624	0624	ProDUR Age Alert	CO	B5	N35	475	PA
0625	0625	Abortion Certification Not Acceptable	CO	17	N28	122	
0626	0626	Out of State Provider Billing Neonatal Revenue Code	CO	B5	M50	91	
0627	0627	Days Reduced - Rehab Not Acute Care	CO	57	N10	258	
0628	0628	Days Reduced - Non-Covered Service	CO	57	N10	258	
0629	0629	Certification of Medical Necessity for Abortion Required	CO	17	N28	21	
0630	0630	Reduced - >3<8 LOS Not Justified	CO	57	N10	287	
0631	0631	Reduced - >3<8 & Over % LOS Not Justified	CO	40	N10	287	
0632	0632	Claim reduction related to manual review by DMAS staff.	CO	B19	N10	107	
0634	0634	Days/Units Paid Reduced To Days/Units Authorized on PA File	CO	62	N10	258	
0635	0635	Max Days/Units Exceeded - Payment Reduced	CO	57	M53	258	
0636	0636	ProDUR High Dose Alert	CO	B5	N35	421	HD
0637	0637	Approved TDO/LOS Not Justified	CO	57	N66	194	
0638	0638	Payment Reduced to Days/Units Eligible	CO	57	M53	258	
0639	0639	Payment Reduced to Units Authorized	CO	62	M62	258	
0640	0640	No Payment Due to Non-Eligibility	CO	31	N30	88	
0642	0642	Pre-Op Day(s) Not Justified	CO	57	N29	287	
0643	0643	ProDUR Low Dose Alert	CO	B5	N35	421	
0644	0644	Referred By CMM PCP Non ER	CO	40	M58	48	
0645	0645	Payment reduces. Non-emergency services in the emergency room.	CO	40	M58	471	
0647	0647	Payment For Non-ER Services at Standard % Rate	CO	40	M58	471	
0648	0648	ER Claim Reduced. Documentation Does Not Justify	CO	40	N66	471	
0649	0649	Reduced Payment for Non-Emergency Services/No Documentation	CO	40	N66	471	
0650	0650	Approved - 218	CO	77	N14	194	
0651	0651	Approved - 257	CO	77	N14	258	
0654	0654	Approved - 254	CO	42	N14	258	
0655	0655	Approved - 269	CO	42	N14	249	
0657	0657	Approved - 249	CO	42	N14	54	
0658	0658	Approved - 257/218	CO	77	N14	258	
0659	0659	Approved - 258	CO	77	N14	258	
0660	0660	Approved - 266	CO	42	N14	258	
0661	0661	Please Complete All Portions of DMAS 3004 and Resubmit	CO	17	N3	421	
0662	0662	Approved - 255	CO	42	N14	287	
0663	0663	Approved - 276	CO	42	N14	455	
0664	0664	Approved - 277	CO	42	N14	21	
0665	0665	Approved-278	CO	42	N14	421	
0666	0666	Approved-280	CO	42	N14	88	
0667	0667	Approved-281	CO	42	N14		
0668	0668	Approved-220	CO	42	N14	332	
0671	0671	Approved - 298	CO	42	N14	107	
0672	0672	Approved minus BTL charges	CO	57	N14	70	
0673	0673	Approved > 3 < 8 LOS	CO	42	N14	194	
0674	0674	Approved > 3 < 8 & over % LOS	CO	42	N14	194	
0675	0675	ProDUR Drug / Drug Alert	CO			218	88
0677	0677	Approved TDO	CO	42	N14	421	
0678	0678	ProDUR Under Utilization	CO			221	88
0680	0680	Paid- CMM Affiliation	CO	42	N14	421	P1
0683	0683	Procedure added due to rebundling by ClaimCheck	CO	125	N22	15	
0684	0684	Approved to bypass ClaimCheck	CO	42	N14	15	
0685	0685	Procedure Rebundled Into Another Procedure by ClaimCheck.	CO	125	M15	12	
0686	0686	Multiple Surgery Line Added by ClaimCheck	CO	125	M15	15	
0687	0687	Multiple Surgery Procedure Void by ClaimCheck	CO	125	M15	12	
0688	0688	Multiple Surgery Payment Reduction by ClaimCheck	CO	125	M15	70	
0689	0689	LOA Days Cutback to Limit	CO	57	N43	258	
0690	0690	Thru date of service defaulted to from date of service	OA	42	M59	258	
0691	0691	Units Billed Cutback to Limit	CO	57	M53	258	
0692	0692	ProDUR Drug / Disease	CO			218	88
0693	0693	ProDUR Drug Allergy	CO			218	88
0694	0694	The Once-A-Month Dispensing fee For This Enrollee/Drug Combination Has Been Paid	CO	91	N10	421	P1
0695	0695	Consent Form Must be Signed by Provider	CO	16	N28	466	
0696	0696	Interpreter's Statement Not Filled in Completely	CO	16	N28	21	
0697	0697	Physician Statement Not Completed by Performing Physician	CO	16	N28	21	
0698	0698	Approved CMM emergency services	CO	42	N14	107	
0699	0699	Approved 223 (Emergency Paid)	CO	42	N14	107	
0700	0700	Invalid Provider for Clinic Visit Encounter	CO	B7	N95	91	
0701	0701	Review Medicare Coverage	PEND			52	
0703	0703	Hospital Out of State Review	PEND			421	
0705	0705	Pending Review of CSA Rate	PEND			421	
0706	0706	Invalid Third Diagnosis	CO	47	M64	488	
0707	0707	Invalid Fourth Diagnosis	CO	47	M64	488	
0708	0708	Invalid Fifth Diagnosis	OA	47	M64	488	
0709	0709	Invalid Sixth Diagnosis	OA	47	M64	488	
0710	0710	Invalid Seventh Diagnosis	OA	47	M64	488	
0711	0711	Invalid Eighth Diagnosis	OA	47	M64	488	
0712	0712	Invalid Ninth Diagnosis	OA	47	M64	454	
0713	0713	Second Other Procedure Code Invalid	OA	125	M67	490	
0714	0714	Third Other Procedure Code Invalid	OA	125	M67	490	
0715	0715	Fourth Other Procedure Code Invalid	OA	125	M67	490	
0716	0716	Fifth Other Procedure Code Invalid	OA	125	M67	490	
0717	0717	First Other Procedure Date Is Missing or Invalid	OA	125	M67	492	

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0718	0718	Second Other Procedure Date is Missing or Invalid	OA	125	M67	492	
0719	0719	Third Other Procedure Date is Missing or Invalid	OA	125	M67	492	
0720	0720	IEP Procedures Allowed Twice Per Year	CO	57	M86	259	
0721	0721	IEP Proc Not Allwd Unless SK NSG/Therapy Billed	CO	107	M58	454	
0722	0722	First and Second IEP Must Both Be Billed	CO	107	M58	21	
0723	0723	Skilled Nursing Limit Exceeded	CO	57	M86	259	
0723	1136	Skilled Nursing Limit Exceeded	CO	57	M86	259	
0723	1137	Skilled Nursing Limit Exceeded	CO	57	M86	259	
0723	1138	Skilled Nursing Limit Exceeded	CO	57	M86	259	
0724	0724	Admit Type is Missing or Invalid	OA	16	M58	21	
0725	0725	Pend Review of Service/PCP Referral for CMM	PEND			48	
0727	0727	Invalid Provider Number (Adjustment/Void)	OA	16	M57	132	
0728	0728	Invalid Enrollee Number (Adjustment/Void)	OA	31	M58	153	
0729	0729	Servicing Provider Not on File	OA	16	M57	132	
0730	0730	Servicing Provider Not Member of Group	OA	38	M58	132	
0731	0731	Servicing Provider Not Eligible on DOS	OA	87	M58	132	
0732	0732	Servicing Provider Invalid	OA	125	M57	132	
0733	0733	Admitting Diagnosis Missing or Invalid	OA	125	MA65	232	
0734	0734	Covered Days Entered Exceed Statement Period	OA	16	M53	456	
0735	0735	Invalid Procedure Code for Anesthesia Services	OA	125	N56	262	
0736	0736	Invalid Surface Code/Procedure	OA	125	N81	240	
0737	0737	SLH Hospital Review	PEND			421	
0738	0738	Procedure Modifier Disagrees with PA Modifier	OA	4	M78	453	
0739	0739	Personal Care Begin Date After From Date of Service	OA	125	MA100	192	
0740	0740	Same Procedure, Same Day, Different Modifiers	PEND			453	
0740	1253	Same Procedure, Same Day, Different Modifiers	PEND			453	
0740	1254	Same Procedure, Same Day, Different Modifiers	PEND			453	
0740	1255	Same Procedure, Same Day, Different Modifiers	PEND			453	
0741	0741	PA Needs Authorized Units or Dollars to Override a Limitation Edit	PEND			21	
0742	0742	Multiple Bill Type 114's for a Hospital Stay	CO	57	MA05	228	
0743	0743	Components Not Allowed When Global Has Been Paid - Med Svcs	CO	97	M86	446	
0744	0744	Inpatient Respite Care Requires Home Care	CO	107	M58	107	
0745	0745	Review of Service Frequency - PA Override	CO	57	M86	259	
0745	1281	Review of Service Frequency - PA Override	CO	62	M86	259	
0745	1282	Review of Service Frequency - PA Override	CO	62	M86	259	
0745	1283	Review of Service Frequency - PA Override	CO	62	M86	259	
0745	1284	Review of Service Frequency - PA Override	CO	62	M86	259	
0745	1285	Review of Service Frequency - PA Override	CO	62	M86	259	
0745	1286	Review of Service Frequency - PA Override	CO	62	M86	259	
0745	1287	Review of Service Frequency - PA Override	CO	62	M86	259	
0745	1288	Review of Service Frequency - PA Override	CO	62	M86	259	
0745	1289	Review of Service Frequency - PA Override	CO	62	M86	259	
0745	1290	Review of Service Frequency - PA Override	CO	62	M86	259	
0745	1291	Review of Service Frequency - PA Override	CO	62	M86	259	
0745	1292	Review of Service Frequency - PA Override	CO	62	M86	259	
0745	1293	Review of Service Frequency - PA Override	CO	62	M86	259	
0745	1294	Review of Service Frequency - PA Override	CO	62	M86	259	
0745	1295	Review of Service Frequency - PA Override	CO	62	M86	259	
0745	1296	Review of Service Frequency - PA Override	CO	62	M86	259	
0745	1297	Review of Service Frequency - PA Override	CO	62	M86	259	
0745	1298	Review of Service Frequency - PA Override	CO	62	M86	259	
0745	1299	Review of Service Frequency - PA Override	CO	62	M86	259	
0745	1300	Review of Service Frequency - PA Override	CO	62	M86	259	
0745	1301	Review of Service Frequency - PA Override	CO	62	M86	259	
0746	0746	Exceeds Five-in-a-lifetime limitation	CO	57	M86	259	
0747	0747	Duplicate Payment Request - Different Provider, Overlapping Dates of Service	OA	B20	M86	54	
0747	1345	Duplicate Payment Request - Different Provider, Overlapping Dates of Service	PEND			54	
0747	1346	Duplicate Payment Request - Different Provider, Overlapping Dates of Service	PEND			54	
0747	1347	Duplicate Payment Request - Different Provider, Overlapping Dates of Service	PEND			54	
0747	1348	Duplicate Payment Request - Different Provider, Overlapping Dates of Service	PEND			54	
0747	1352	Duplicate Payment Request - Different Provider, Overlapping Dates of Service	PEND			54	
0747	1356	Duplicate Payment Request - Different Provider, Overlapping Dates of Service	PEND			54	
0748	0748	Duplicate of History File Record, Different Provider, Overlapping Dates of Service	PEND			54	
0748	1445	Duplicate of History File Record, Different Provider, Overlapping Dates of Service	PEND			54	
0748	1446	Duplicate of History File Record, Different Provider, Overlapping Dates of Service	PEND			54	
0748	1447	Duplicate of History File Record, Different Provider, Overlapping Dates of Service	PEND			54	
0748	1448	Duplicate of History File Record, Different Provider, Overlapping Dates of Service	PEND			54	
0748	1462	Duplicate of History File Record, Different Provider, Overlapping Dates of Service	PEND			54	
0748	1466	Duplicate of History File Record, Different Provider, Overlapping Dates of Service	PEND			54	

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0750	0750	The deductible amount is invalid.	OA	1	M58	21	
0751	0751	EMC Title 18 Adjustment/Void Not Allowed	OA	125	M58	107	
0752	0752	Missing HMO Claim Number	OA	16	M58	421	DZ
0753	0753	Fourth Other Procedure Date is Missing or Invalid	OA	125	M67	492	
0754	0754	Fifth Other Procedure Date is Missing or Invalid	OA	125	M67	492	
0755	0755	Enrollee Name Missing	OA	16	MA36	421	62
0756	0756	Billing Provider is Not a Group Provider	CO	38	N55	91	
0757	0757	Servicing Provider Cannot Be a Group Provider	CO	38	N55	91	
0760	0760	Claim Created by ClaimCheck	CO	6	M58	421	
0761	0761	Claim Created by ClaimCheck for Proc/Sex Conflict	CO	7	M58	474	
0762	0762	ClaimCheck Duplicate Edit Claim	CO	18	M58	421	
0770	0770	Equipment Repair Service Limit - 4 Per Year	CO	57	M86	259	
0771	0771	Suction Purchase Service Limit - 2 Every 36 Months	CO	57	M86	259	
0772	0772	Nebulizer Service Limit - 1 Every 36 Months	CO	57	M86	259	
0780	0780	Invalid Procedure/Procedure Modifier School Psych Services	OA	4	M78	453	
0781	0781	Family Planning Waiver	PEND			21	
0782	0782	Workers Compensation State Fee Schedule Adjustment	OA	W1			
0799	0799	Table Information Not Found	PEND			421	85
0800	0800	Charges Not Justified	OA	B3	N66	178	
0801	0801	Pending for Manual Review	PEND			421	
0802	0802	Prior Fiscal Year Adjustment	OA	125	M58	107	
0805	0805	EVS Verification Number is Not on File	OA	16	M58	421	
0806	0806	Valid EVS Verification Number; Manually Price	PEND			110	
0808	0808	Service Requires Special Review	PEND			421	85
0809	0809	Invalid Type of Bill Prior to DRG	OA	125	MA30	228	
0810	0810	Review of Abortion Consent Form	PEND			421	
0811	0811	Review of Hysterectomy Consent Form	PEND			421	
0812	0812	Services Not Covered	CO	96	N30	454	
0813	0813	Review of Nursery Days/Age	PEND			421	
0814	0814	Review of Nursery Accommodation Codes	PEND			421	
0820	0820	Enrollee Birthdate After From Date of Service	CO	14	MA31	187	
0821	0821	Outpatient Days Billed Exceeds 1	CO	57	M53	258	
0825	0825	Once-in-a-Lifetime Service	CO	57	N117	259	
0825	1303	Once-in-a-Lifetime Service	CO	57	N117	259	
0825	1304	Once-in-a-Lifetime Service	CO	57	N117	259	
0825	1305	Once-in-a-Lifetime Service	CO	57	N117	259	
0825	1309	Once-in-a-Lifetime Service	CO	57	N117	259	
0826	0826	Three-in-a-Lifetime Service	CO	57	M86	259	
0827	0827	In DMAS Review	PEND			421	84
0828	0828	Inpatient versus Outpatient, Possible Duplicate	PEND			54	
0829	0829	Inpatient versus Title 18, Possible Duplicate	PEND			54	
0830	0830	Outpatient versus Title 18, Possible Duplicate	PEND			54	
0831	0831	SNF versus Title 18, Possible Duplicate	PEND			54	
0832	0832	Practitioner versus Title 18, Possible Duplicate	OA	B20	M86	54	
0833	0833	Transportation versus Title 18, Possible Duplicate	OA	B20	M86	54	
0834	0834	No Funding Available	OA	42	N14	421	
0835	0835	Review HMO Coverage	PEND			52	
0836	0836	SLH Pend to Next Fiscal Year	PEND			421	
0837	0837	Need Explanation for Discrepancy in Admit and Surgical Date	PEND?	125	N66	421	
0838	0838	PA End Date Missing or Invalid	OA			332	3C
0840	0840	Quantity Dispensed > Intended Quantity	OA	57	M86	258	HF
0841	0841	Multiple Partial Filled Prescriptions Not Allowed	OA	B17	M58	216	RB
0842	0842	Different NDC Between Partial and Completion fill	OA	125	M58	218	RC
0843	0843	Intended Quantity Exceeds Maximum	OA	57	M58	258	RN
0844	0844	M/I Associated Prescription Number on Completion Transaction	OA	16	M128	219	RG
0845	0845	M/I Associated Date of Service on the Complete Transaction	OA	16	M58	216	RH
0846	0846	Associated Partial Fill Transaction Not on File	OA	16	M58	216	RJ
0847	0847	Partial Fill Transaction Not Supported for Compounds	OA	57	M58	216	RK
0848	0848	Completion Transaction Must Be Different Than Partial	OA	125	M58	216	RM
0849	0849	Intended Days Supply Exceeds Maximum Allowed	OA	57	M58	221	RN
0850	0850	Intended Days Supply Missing or Invalid	OA	16	M58	221	HG
0851	0851	PA and Claim - Med/Surg DX vs. Psych DX	CO	62	M62	254	
0852	0852	Intended Quantity Missing or Invalid	OA	16	M58	258	HF
0853	0853	Dispensing Status Missing or Invalid	OA	16	M58	216	HD
0854	0854	Claim Does Not Require Prior Authorization	CO	125	N34	46	3R
0855	0855	Compounds Not Allowed for Prior Auth Transactions	CO	125	N34	46	PF
0856	0856	Missing/Invalid Basis of Request	CO	16	M58	21	
0857	0857	PA Begin Date Missing or Invalid	?			332	3B
0858	0858	Bill Type 111/112 Admit Date Not = From Date	CO	125	M52	189	
0859	0859	Bill Type 111 Days Greater Than 120	CO	57	M53	258	
0860	0860	Bill Type 112 or 113 Must Bill 120 Days	CO	125	M53	258	
0861	0861	Bill Type 113/114 Admit Day Thru From < 120	PEND			258	
0862	0862	Non Covd Accommodation Days Not Equal Units	CO	125	M53	258	
0863	0863	Unable to Match Enrollee Medicare Number	PEND			53	
0864	0864	NDC Does Not Agree with Gender Code	OA	7	MA39	474	61
0865	0865	Manual Price Greater Than Billed Charges	PEND			110	78
0866	0866	Duplicate Provider, Prescription Number and Date of Service	OA	18	M86	54	83
0867	0867	Missing or Invalid Prescription Date Written	OA	16	M58	421	28
0868	0868	Quantity Exceeds Maximum	CO	57	M53	258	76
0869	0869	Drug Benefit Not Found	OA	62	M62	88	85
0870	0870	Unable to Match Provider Medicare Number	OA	B7	M56	131	
0871	0871	Invalid Secondary Diagnosis	CO	47	M64	255	
0872	0872	Drug Benefit Daily Dose Exceeded	CO	57	M86	259	76

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0873	0873	Drug Benefit Total Dose Exceeded	CO	57	M86	259	76
0874	0874	Drug Daily Dose Exceeded	CO	57	M86	259	76
0875	0875	Drug Total Dose Quantity Exceeded	CO	57	M53	258	76
0876	0876	No Compound Ingredients Payable	CO	125	M58	421	70
0877	0877	Reversal of Claim Submitted with Different Media Not Allowed in the Same Cycle	OA	125	M58	421	ER
0878	0878	Early Refill Allowed Due to Increase In Dosage	CO	B5	N35	421	
0879	0879	Non- resident alien eligible for dialysis services only	CO	B5	N10	88	
0880	0880	No TDO Project Code	PEND			421	
0890	0890	Payment Suspended	PEND			46	84
0891	0891	Suspended Payment Released	PEND			3	84
0892	0892	Claim with More than 350 Lines	PEND			121	85
0895	0895	Mass Adjustment Pend	PEND			46	
0896	0896	Capitation Adjustment Pend				105	
0898	0898	DRG Pricing Error	OA	16	M58	256	
0899	0899	DRG Grouper Error	OA	A8	M58	256	
0901	0901	Provider Cannot Bill Part A	CO	B6	N95	107	
0902	0902	Assistant Surgeon Modifier and Co-Surgeon Modifier Not Allowed on Same Procedure	CO	59	M78	453	
0903	0903	Procedure Rebundled into New Procedure by ClaimCheck	CO	125	M15	12	
0905	0905	Diagnosis Cannot Be Used as Principal Diagnosis based on the DRG Grouper.	CO	A8	MA63	255	
0906	0906	Principal Diagnosis Failed DRG/MDC	CO	A8	MA63	255	
0907	0907	Invalid Admit Age for DRG	CO	A8	M58	475	
0908	0908	Invalid Sex for DRG	CO	A8	MA39	474	
0909	0909	Invalid Discharge Status for DRG	CO	A8	MA43	234	
0910	0910	Invalid Birth Weight for DRG	CO	A8	M58	273	
0911	0911	Invalid Discharge Age for DRG	CO	A8	M58	475	
0913	0913	Invalid Return Code from DRG	CO	A8	M58	21	
0914	0914	Abortion Consent Form Needed	CO	17	N3	21	
0915	0915	Hysterectomy Consent Form Needed	CO	17	N3	21	
0917	0917	Service Provided in Prior State Fiscal Year	OA	125	M58	258	
0918	0918	Contraindicated Audit - Rehab Services versus Nursing Home	CO	B20	M86	46	
0919	0919	Inpatient vs Nursing Home - Possible Duplicate	CO	18	M86	54	
0920	0920	Acute Inpatient Rehab services may not overlap waiver services	?	18	M80	54	
0921	0921	Hospice services may not overlap with respite services	CO	B20	M86	187	
0922	0922	Limitation Audit - Medicare Deductible Per Year	CO	57	M86	421	
0923	0923	Contraindicated Audit- Home Heath vs Specialized Care Nursing Svcs	CO	B20	M86	46	
0924	0924	This service may only be paid if billed with monthly care coordination.	CO	107	M58	421	
0928	0928	Global Radiology Proc Pays at a Reduced Amt When Related Components Paid	CO	97	M15	446	
0929	0929	Global Surgery Payable at Reduced Amt When Components of Surgical Care Paid	CO	97	M15	446	
0930	0930	Global Immunization Payable at Reduced Amt - Payment Made for Components	CO	97	M15	446	
0931	0931	Global Payable at a Reduced Fee When Components Paid - Med Svcs	CO	97	M15	446	
0932	0932	Related Component Radiology Procs Not Payable When Global Paid	CO	97	M15	446	
0933	0933	Components of Surgical Care Not Payable When Global Surgery Paid	CO	97	M15	446	
0934	0934	Postpartum visits are not payable within 60 days of delivery	PEND			259	
0934	1256	Postpartum visits are not payable within 60 days of delivery	CO	97	M86	259	
0935	0935	Provider Locked Out to CMM Enrollee	CO	52	M58	421	40
0936	0936	Tooth/Procedure - Invalid Combination	CO	125	N39	244	
0937	0937	This is a twice-in-a-lifetime procedure.	CO	57	M86	259	
0937	1306	This is a twice-in-a-lifetime procedure.	CO	57	M86	259	
0937	1307	This is a twice-in-a-lifetime procedure.	CO	57	M86	259	
0938	0938	This is a four-in-a-lifetime procedure.	CO	57	M86	259	
0938	1308	This is a four-in-a-lifetime procedure.	CO	57	M86	259	
0939	0939	This is a six-in-a-lifetime procedure.	CO	57	M86	259	
0940	0940	New Patient Visits Are Limited to One Per Lifetime	CO	57	M86	259	
0941	0941	ProDUR Over Utilization	CO	B5	N35	259	ER
0942	0942	ProDUR Therapeutic Duplication	CO	B5	N35	54	88
0944	0944	Physical Therapy Annual Limit	CO	57	M86	259	
0944	1310	Physical Therapy Annual Limit	CO	57	M86	259	
0945	0945	Occupational Therapy Annual Limit	CO	57	M86	259	
0945	1311	Occupational Therapy Annual Limit	CO	57	M86	259	
0946	0946	Speech Therapy Annual Limit	CO	57	M86	259	
0946	1312	Speech Therapy Annual Limit	CO	57	M86	259	
0947	0947	Outpatient Psychiatric Visits Limited to 26 in First Year Treatment	CO	57	M86	259	
0947	1313	Outpatient Psychiatric Services Limited to 26 in First Treatment Year	CO	57	M86	259	
0948	0948	Limit of 32 Skilled Nursing Visits Met - PA Required	CO	57	M86	259	
0949	0949	Home Health Aide Visits Limited to 32 Per Year	CO	57	M86	259	
0950	0950	Limitation Audit - Incontinence Undergarments, 2 Cases Per Month	CO	57	M86	259	
0951	0951	Limitation Audit - Apnea Monitor Rental, 124 days Per Calendar Year	CO	57	M86	259	
0952	0952	Limitation Audit - Wheelchair Purchase, 1 Every 60 Months	CO	57	M86	259	
0953	0953	Limitation Audit - Wheelchair Rental, 93 Per Calendar Year	CO	57	M86	259	
0954	0954	Inpatient versus Outpatient, Same Provider	CO	18	M68	54	
0955	0955	Inpatient versus Title 18, Same Provider	CO	18	M86	54	
0956	0956	Outpatient versus Title 18, Same Provider	CO	18	M86	54	
0957	0957	SNF versus Title 18, Same Provider	CO	18	M86	54	
0958	0958	Practitioner versus Title 18, Same Provider	CO	18	M86	54	
0959	0959	Transportation versus Title 18, Same Provider	CO	18	M86	54	
0960	0960	Provider Procedure Restriction	CO	52	M58	454	
0961	0961	Provider Not Approved for Electronic Billing	OA	125	M58	421	M8

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0962	0962	Consent Form Must be Signed by Enrollee	CO	17	N28	466	
0964	0964	Invalid DUR Conflict Code	OA	125	N10	421	E4
0965	0965	Invalid DUR Intervention Code	OA	125	N10	421	E5
0966	0966	Invalid DUR Outcome Code	OA	125	N10	421	E6
0967	0967	Procedure Code Not Payable with Diagnosis Entered	OA	11	M64	255	
0968	0968	Non-Rebatable NDC Not Covered	CO	96	N10	218	70
0970	0970	Enrollee Not Enrolled in Any Plan on the Date of Service	CO	30	N30	88	
0971	0971	Enrollee in Plan that Provider is Not	CO	52	M58	91	
0972	0972	Substance Abuse Visits Limited to 26 per Treatment Year	CO	57	M86	259	
0973	0973	ProDur High Dose Alert for Person Over Particular Age	CO	B5	N35	421	HD
0974	0974	ProDur High Dose Alert for Person Under Particular Age	CO	B5	N35	421	HD
0975	0975	ProDur Low Dose Alert for Person Over Particular Age	CO	B5	N35	421	88
0976	0976	ProDur Low Dose Alert for Person Under Particular Age	CO	B5	N35	421	88
0979	0979	Duplicate Ingredient(s) on Compound Claim Not Paid	CO	18	M86	54	83
0980	0980	Enrollee Not Eligible for Viagra	CO	62	N30	421	70
0981	0981	Quantity Exceeded for Viagra	CO	57	M53	258	76
0982	0982	Disease State Management Enrollee	CO	74	N35	421	85
0983	0983	Enrollee not on File	OA	31	N30	88	7
0985	0985	Dispense NSAIDS Before Misoprostal	OA	107	M58	421	76
0986	0986	DRG Rate Not on File	PEND			46	
0988	0988	FP Waiver Laboratory Services Exceed the Maximum Limit of 23 Months	OA	57	M86	259	
0989	0989	Review FP Waiver Services for Prior Eval & Mgmt Services	OA	107	M58	21	
0990	0990	Revenue Code Not on File	OA	B18	M50	455	
0991	0991	Revenue Code Not Valid For Dates of Service	OA	B18	M50	455	
0992	0992	Revenue Code Not Valid For Enrollee's Age	OA	6	M50	455	
0993	0993	Revenue Code Not Valid For the Enrollee's Sex	OA	7	M50	455	
0994	0994	Revenue Code Not Valid for Provider Type, Specialty	OA	B6	M50	455	
0995	0995	Revenue HCPCS Not on File	OA	B18	M50	455	
0996	0996	Revenue HCPCS Not Valid For Dates of Service	OA	B18	M50	455	76
0998	0998	Days Supply Exceeds Maximum Allowed	?	57	M86	221	76
0999	0999	Days Supply Missing or Invalid	?	16	M53	421	19
1000	1000	Consent Form Signed and Dated by Physician Prior to Procedure	OA	B5	N3	467	
1001	1001	Invalid Consent Form.	OA	17	N3	21	
1002	1002	Entire Consent Form Must be Legible	OA	17	N3	21	
1003	1003	Non-Therapeutic Abortion Not Covered by Medicaid	OA	16	N3	454	
1004	1004	Enrollee Statement on Consent Form Not Filled in Completely	OA	17	N3	21	
1005	1005	Dates of Enrollee and Consent Form Signatures Must Be the Same	OA	17	N3	395	
1006	1006	Surgery Date on Payment Request Not Same as Consent Form	OA	125	N3	187	
1008	1008	Passenger Limit Exceeded	PEND			258	
1009	1009	Mileage Limit Exceeded	PEND			267	
1010	1010	Payment Does Not Include One or More Ingredients	OA	125	M119	421	EC
3500	3500	Dummy Edit for Newborn Encounters	OA	125	M58	46	